

NORTH DAKOTA

OPTIONAL STATE SUPPLEMENTATION¹

STATUTORY BASIS FOR PAYMENT

North Dakota Century Code Chapter 50-24.

EFFECTIVE DATE

January 1, 1974 County based; September 1, 1994 Expanded Spec;
January 1, 1995 Basic Care Program.

ADMINISTRATION²

State Administered through County social service boards.

PASSALONG

In compliance by the method of maintaining all payment levels.

SCOPE OF COVERAGE

Residential and in-home options for the aged, blind, and disabled SSI recipients coverage is limited to persons in; licensed basic care facilities, licensed foster homes, or in-home services enabling the recipient to remain at home.

RECOVERIES, LIENS, AND ASSIGNMENTS

State law provides for recovery of supplementation from the estates of former recipients.

RELATIVE RESPONSIBILITY

At option of individual counties.

INCOME DISREGARDS

Cost of guardianship fee of up to 5% of the monthly gross income. Sixty-five dollars plus one-half of the remaining monthly gross earned income. Personal needs allowance of \$45.00.

RESOURCE LIMITATIONS

Federal Medicaid resource limitations ap.

PLACE OF APPLICATION

County social service boards.

FUNDING

Assistance: 100% State funds.

INTERIM ASSISTANCE

State does not participate.

¹ State supplementation program known as Aide to the Aged, Blind and Disabled Program.

² Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS^{3 4}

<u>Code</u>	<u>Living arrangement</u>	<u>Combined Federal/State</u>		<u>State Supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Licensed Basic Care Facility	\$494.00	N/A	\$741.00	N/A

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION County social service boards.

SPECIAL NEED CIRCUMSTANCES At option of individual counties.

Transportation Costs, Meals and Lodging Twenty-five cents per mile for obtaining medical services if recipient used own car. The cost of meals (\$20 per day) and lodging (up to \$35.00 per day) if verified as related to obtaining approved health services may be granted if the individual is away from home for 24 hours or more.

MEDICAID

ELIGIBILITY:

CRITERION State guidelines.

DETERMINED BY State.

MEDICALLY NEEDY PROGRAM Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL EXPENSES The Social Security Administration does not obtain this information.

³ Basic Care Assistance Program pays a maximum of \$40.93 per day.

⁴ In-home services pay \$30.00 a day or a maximum of \$900.00 monthly.